

Leaving County Employment



If your human resources group does not have its own form for providing written notice, use this notice when you leave employment with the county. Update your mailing address in the space provided if you're moving. Make three copies and:

- Give one to your supervisor
- Give one to your payroll/human resources representative for payroll system data entry and delivery of your final paycheck and W-2 form, and
- Mail or fax one to Benefits, Payroll and Retirement Operations to ensure you receive notification of COBRA/retiree benefits. The address is The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333. The fax number is 206-296-7700.

If you are eligible for enrollment in the county's HRA VEBA, you must send a completed HRA VEBA Enrollment Form, a copy of your letter from the Department of Retirement Systems and a copy of this notice to Benefits, Payroll and Retirement Operations to transfer your sick leave and/or vacation leave cash-out to the HRA VEBA Trust. The HRA VEBA Enrollment Form, which is part of an enrollment kit, is available at www.kingcounty.gov/employees/benefits/Retirement/VEBA.

Last name _____ First _____ MI _____

PeopleSoft Employee ID _____

Paid ☐ 5th and 20th each month ☐ Every other Thursday

Mailing address for final paycheck (unless other handling specified below), W-2 and COBRA/retiree medical benefits information

Street _____ Apt No _____

City _____ State _____ ZIP _____

Don't mail final paycheck; instead (specify) _____

Home phone (_____) _____ Other phone (_____) _____

Home email address _____

Department _____ Division _____

Work phone (_____) _____ Mail stop _____

Last day worked (physically on job) _____

Last day on paid status (confirm with your payroll/human resources representative) _____

I have formally applied for retirement ☐ No ☐ Yes (if yes, indicate effective date) _____

If you have formally applied for retirement, please provide a copy of your DRS retirement letter.

If your spouse/domestic partner works for King County, provide his/her name (it can affect your post-employment benefit options) _____

The information I've provided is correct and complete. I understand I must return all county-owned property (bus pass/photo ID/keycard, keys, cell phones, special equipment, etc.) in my possession by my last day at work. I further understand that if I am retiring and in a VEBA-eligible group, failure to provide Benefits, Payroll and Retirement Operations a completed HRA VEBA enrollment form will result in forfeiture of my sick leave and/or vacation leave cash-out.

Employee signature _____ Date _____

☐ Supervisor copy ☐ Payroll /human resources representative copy ☐ Benefits, Payroll and Retirement Operations copy